


United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-53334 United States District Court Southern District of Texas ELL EN JUN 30 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Roto-Rooter	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**3-DIGIT 791 Roto-Rooter 1831 S Austin St Amarillo TX 79109-1801 	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: 6-15-2000		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 51.42 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 51.42 Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)*, earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 6/26/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Beverly Boggs Beverly Boggs co owner		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

938



We are equipped to clean
any drain or sewer.

"THE COMPLETE DRAIN & SEWER CLEANING SPECIALISTS"

♪ Away Go Troubles Down the Drain. ♪

1831 S. Austin Amarillo, Texas 79109

Stage Stores Inc
P.O. Box 35668
Houston, TX 77235

374-1234

DATE 6-15-00

DATE	DESCRIPTION	CHARGES
	Cleaned Secondary <input type="checkbox"/> Main Sewer Line <input type="checkbox"/>	
	Cleaned Main Vent <input type="checkbox"/> Secondary Vent <input type="checkbox"/>	
	Cleaned Cond. Dr. <input type="checkbox"/> Floor Drain <input type="checkbox"/> Sink <input type="checkbox"/>	
	Cleaned Lav. <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Washer <input type="checkbox"/>	
	Cleaned Disposal <input type="checkbox"/> Dishwasher <input type="checkbox"/> Tax <input type="checkbox"/>	
	Cleaned Apt. Sink <input type="checkbox"/> Lav. <input type="checkbox"/> Tub <input type="checkbox"/> Sewer <input type="checkbox"/>	
	Cleaned Apt. Commode <input type="checkbox"/> Shower <input type="checkbox"/> Washer <input type="checkbox"/>	
	Cleaned Outside Sink Line <input type="checkbox"/> Sink & Lav. <input type="checkbox"/>	
	Cleaned Back to Back Lavs <input type="checkbox"/> Sinks <input type="checkbox"/>	
	Cleaned Lint Trap Inlet <input type="checkbox"/> Outlet <input type="checkbox"/>	
	Cleaned Mud Pit Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Tax <input type="checkbox"/>	
	Cleaned Grease Trap Line Inlet <input type="checkbox"/> Outlet <input type="checkbox"/>	
	Cleaned Cesspool Line Inlet <input type="checkbox"/> Outlet <input type="checkbox"/>	
	Cleaned Septic Tank Line Inlet <input type="checkbox"/> Outlet <input type="checkbox"/>	
	Unstop Urinal <input type="checkbox"/> Commode <input type="checkbox"/> Misc. Labor <input type="checkbox"/>	47.50
	Reset Commode <input type="checkbox"/> City Main <input type="checkbox"/> Service Call <input type="checkbox"/>	
	Hydro-Jetting Charge Truck <input type="checkbox"/> Portable <input type="checkbox"/>	
	Truck Charge <input type="checkbox"/> Mach. Charge <input type="checkbox"/> Hourly Charge <input type="checkbox"/>	
	Misc. <input type="checkbox"/> Deposit <input type="checkbox"/> Material <input type="checkbox"/> Tax <input type="checkbox"/>	3.92

Service Tech			
Robby			
Invoice <input type="checkbox"/> P.O. No. <input type="checkbox"/>			
W000033257			
IC	HC	GC	LC

JCB ☐ DISCOVER CARD ☐
CASH ☐ CHECK ☐ MASTERCARD ☐ VISA CARD ☐ CHARGE ☐
DINERS CLUB ☐ CARTE BLANCHE ☐ AMERICAN EXPRESS ☐

THREE MONTH GUARANTEE
AGAINST ROOT STOPPAGE ONLY

Stage Stores Inc.
WORK ORDER

Work Order #: W000033257

Date: 06/15/2000

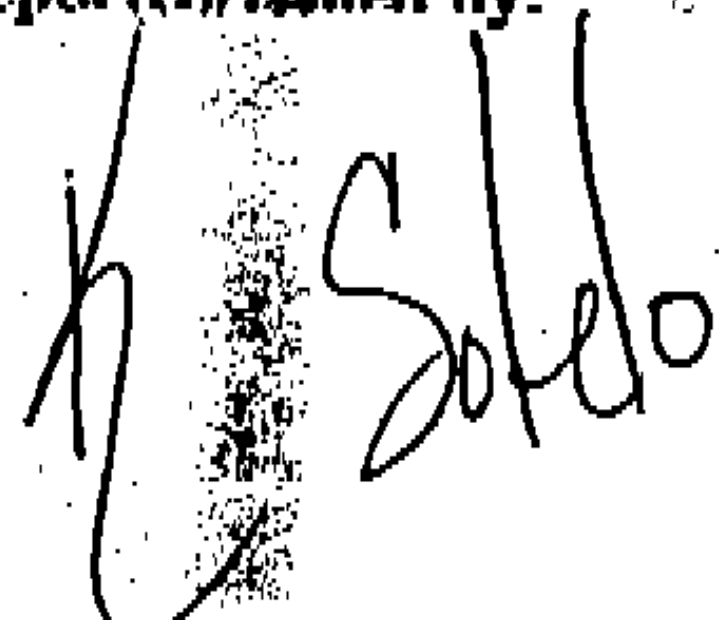
Trade: Plumbing/Maintenance

Not To Exceed Amt: \$ 200.00

Responsible/Contact:

Vendor		Send Invoice to	
Vendor ID:		Address: P. O. Box 35668	35668
Company:		City: Houston	
Address:		State: TX	
City:		Zip: 77235	
State:		Phone: (713) 218-4470	
Zip:			
Attn: Roto Rooter		Priority: High	
Phone: 806 371 1234		Status: Repair Scheduled	
Fax: 806-373-1234			

Work Order number must appear on invoice

Location	
Store Number: 0121	Reported/Issued by:
Store Name: Amarillo, Texas	
Address: 7701 IH-10, #700	
City: Amarillo	
State: TX	
Zip: 79160	
Phone: (806) 359-8551	

Work Description	
06/15/2000 08:41:59 (SA) Store called - men's commode is clogged. Scheduled Roto Rooter 806-374-1234 - sending plumber today	

Beall's

7701 IH-10 #700